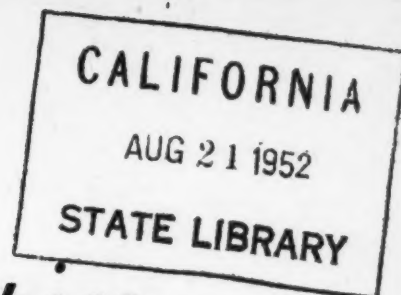


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# *Bulletin on Current Literature*

**The monthly bibliography for  
workers with the handicapped**

This bibliography is compiled by the Library of the National Society for Crippled Children and Adults. The Library does not stock copies of publications for sale. The publisher and price is listed, when known, and orders should be sent directly to the publisher. These publications have been added to the loan collection of the Library, a service which is extended to organizations and individuals whose local resources are so limited as to make information otherwise unavailable.

*The* **NATIONAL SOCIETY**  
*for*  
**CRIPPLED CHILDREN and Adults, Inc.**  
11 SO. LA SALLE ST., CHICAGO 3, ILL.  
THE EASTER SEAL AGENCY

# HELP CRIPPLED CHILDREN

A large, stylized illustration of a hand holding a child and an adult, both using crutches. The child is in the foreground, and the adult is behind them. The entire scene is framed by a decorative, scalloped border. The year '1952' is printed in large, bold digits in the bottom right corner of the illustration.

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

**EDUCATION** of the public, professional workers and parents.

**RESEARCH** to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

**DIRECT SERVICES** to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.







#### ACCIDENTS

622. Bul. Missouri Society for Crippled Children and Adults. June, 1952. 25:2  
Entire issue devoted to the subject of accidents.  
Contents: Council recommends a child safety program, by Thomas Fansler.-Accidents in childhood--the next step in preventive pediatrics, by Park J. White, M.D.-Be smart--prevent accidents, by Edward W. Cline, M.D.-Make home accidents everybody's business, by Mrs. Fred Armstrong.-Camping dangers are charted by Editor.
623. LeShan, Lawrence L.  
Dynamics in accident-prone behavior. Psychiatry. Feb., 1952. 15:1:73-80. Reprint.  
"...In the present study, 54 accident-prone persons were examined by means of a projective device....a comparatively new and little-known one. The Worthington Personal History is a job application blank which has been especially designed for use as a projective device. Questions center around various life areas such as family, education, health, employment, and....interpretations are made on both form and content. From the responses, predictions are made as to psychodynamics and behavior....(Anyone interested in the details of this device can write to the author or to Worthington Associates, Inc., 231 So. La Salle St., Chicago 4, Ill.)....Analyses of the tests revealed strikingly similar patterns among the accident prone...."

#### ACCIDENTS--PREVENTION

624. Kent, Frederick S.  
Home accident prevention activities, by Frederick S. Kent and Madeline Pershing. Public Health Reports. June, 1952 67:6:541-546.  
Past endeavors in home accident prevention, present problems in the light of history, and future needs for research and programs are reviewed. The problem has been recognized as essentially a local one; causative factors may vary significantly in different localities. Sources of information for statistics, case evaluation, examples of some local demonstration programs for investigating the prevention problem and developing preventive measures are discussed. The philosophy of the Public Health Service in home accident prevention is outlined.  
Also in this issue: Epidemiological techniques in home accident prevention, Helen L. Roberts, John E. Gordon, and Autino Fiore. "Several techniques of epidemiological study of home accidents are presented as a means to better understanding of home accident causation, and hence, an improved record in deaths, disabilities, and economic loss for the community."--Summary.

#### ADOLESCENCE

See 709.

#### AMPUTATION--EQUIPMENT--RESEARCH

625. Berger, Norman  
The use of electrical and mechanical muscular forces for the control of an electrical prosthesis, by Norman Berger and Curtis R. Huppert. Am. J. Occupational Therapy. May-June, 1952. 6:3:110-114.  
In producing an electrically powered artificial arm, the major obstacle to success is the basic and fundamental problem of amputee control of the electro-mechanical system that drives the arm. "...The present study conducted by New York University Prosthetic Devices Study is concerned with two research approaches to this problem of discovering body movements which an amputee

#### AMPUTATION--EQUIPMENT--RESEARCH (continued)

might use...in controlling the functions of a prosthetic arm...." A system of control had been worked out, utilizing movement of the toe on a toe plate worn in the shoe; the present study is an attempt to find a control system within the limits of the upper trunk and shoulder girdle and more or less conventional harnessing. Mechanical and electrical forces were studied and are discussed here. Techniques for testing are described.

#### ARTHRITIS

626. Sharp & Dohme

Arthritis; part two. Seminar. Nov., 1951. 13:4:3-17. Reprint.

Variants of rheumatoid arthritis are discussed, with clinical characteristics, laboratory findings, and diagnosis. Types reviewed are rheumatoid spondylitis, psoriatic arthritis, Felty's syndrome, Still's disease, osteoarthritis, hypertrophic arthritis, gout and gouty arthritis, specific infectious arthritis, palindromic rheumatism, psychogenic rheumatism, fibrositis, and Reiter's syndrome. Bibliography and drawings in color.

#### ARTHRITIS--MEDICAL TREATMENT

627. Snow, William Benham

Combined use of cortisone and physical therapy in the treatment of arthritic deformities, by William Benham Snow and James A. Coss. N. Y. State J. Medicine. Feb. 1, 1952. 52:3:319-322. Reprint.

The management of cases of long standing arthritis with loss of muscle strength, easy fatigability, apparently irreversible contractures and deformities with a program of cortisone and physical therapy is described. Case reports are presented to illustrate the effective reversing of symptoms of severe, long standing arthritis through such a program. "...With ACTH or cortisone and physical measures together, it is possible to increase range of motion and muscle power, to relieve pain, and, in short, to rehabilitate severely handicapped people who would not have been helped by either measure alone. The use of drugs and in-patient physical therapy is just a beginning in treatments and must be supplemented with supervised rehabilitation techniques, to maintain the progress initially made...."—Summary.

#### ARTHRITIS--STATISTICS

628. Woolsey, Theodore D.

Prevalence of arthritis and rheumatism in the United States. Public Health Reports. June, 1952. 67:6:505-512.

A report of data collected in a survey conducted by the Division of Public Health Methods in 1951 to obtain new estimates of the number of recognized cases of chronic arthritis and muscular rheumatism in the United States. While data are limited in scope, they are broad in applicability. A few of the major results of the survey are shown in graphs and tables included in this article but for a more detailed account of the survey, a later report will appear. About one fourth of the 10 million estimated cases had made some significant change in the amount or type of work they performed. Sex, race, age, urban or rural residence, and occupations are examined as factors influencing the prevalence of the diseases.

#### BACKACHE

629. Kraus, Hans

Diagnosis and treatment of low back pain. GP (General Practitioner). Apr., 1952. 5:4:55-60. Reprint.

#### BACKACHE (continued)

"Muscle deficiency and fibrositis play an important part in the development of low back pain and may be the only cause for it. Tests for these disorders are an integral part of the examination of a patient with low back pain. Conservative treatment of muscle deficiency and fibrositis should follow a definite, rational program...." Muscle tests are described and illustrated and data on case studies, made by the author over a period of eight years, are tabulated and evaluated. Treatment for muscle imbalance is described. "...A bibliography accompanying this article is available upon request from the Editorial Office of GP."

#### BIBLIOTHERAPY

##### 630. Baker, Louise

Personal experience books. Hospital Book Guide. Apr., 1952. 13:4:32-36.

The therapeutic value of "personal experience" books written by the chronically ill or physically handicapped is often negative for the patient-reader, Mrs. Baker feels. While the writing of the books is of therapeutic value to the writer, too often the book sets an impossible goal for the patient, or in the case of children, for the patient's parents. There are a few examples of well-written books by handicapped authors who are "writers first and handicapped individuals second," but the personal experience books, as a whole make better reading for the non-handicapped person since they bring about wider acceptance of the physically deviant individual. Mrs. Baker mentions recent books of value as therapeutic reading material; she feels that only books which truly interpret the dynamics of personality problems and give realistic interpretation of the emotional impact of handicaps should be considered for recommended patient reading. Until convalescence is in its final stage, the book which is entertaining, distracting, or instructional should be given the patient; when the patient is in the process of personal recovery, physical and emotional, he may choose to read what others with similar experiences have had to say--he is ready for it.

This article is the text of an address given at the American Library Association, Hospital Libraries Division, meeting in Chicago, January 31, 1952.

#### BLIND--EMPLOYMENT

##### 631. Chouinard, E. L.

Academic requirements of certain colleges for employment of blinded persons as instructors. New Outlook for the Blind. May, 1952. 46:5:141-145.

A survey conducted by a young, war-blinded graduate student inquiring about the prospects of employment as a teacher in college revealed the following conclusions: 1) it would be difficult for a novice blind teacher holding a degree no higher than the M.A. to obtain employment as a college teacher; 2) if such employment were obtained, he would undoubtedly be required to work toward his doctorate and such research required would be difficult to do while carrying a full teaching load; 3) possession of a doctoral degree would enable him to compete on an more equal basis with other applicants and to retain a position once he secured it. The survey was limited to small private colleges in New England. Answers received are tabulated and results discussed.

#### BLIND--PROGRAMS--NORTH CAROLINA

##### 632. Jensen, Howard E.

Planning for the blind in North Carolina. New Outlook for the Blind. May, 1952. 46:5:125-132.

A discussion of the North Carolina plan for services to the blind, this



#### BLIND--PROGRAMS--NORTH CAROLINA (continued)

article states that an integrated program based on three principles--the subordination of public assistance to preventive, restorative, and rehabilitative services, the use of blind staff workers in all positions where they can justify their employability, and an integrated program of services, administered by a single state-wide agency with responsibility for complete social service coverage--is essential to the total rehabilitation of the blind. Dispersal of services for the blind through several state agencies where such services constitute a minor part of the program does not work for the best interests of blind persons.

#### BOY SCOUTS

633. A scoutmaster asks about crippled boy: "Should I let him join?"; hundreds answer, "Make him join!" Crippled Child. June, 1952. 30:1:22-23.

A Scoutmaster's letter which appeared in the October, 1951, issue of Scouting asked for help in solving the problem of admitting a handicapped boy into his Scout Troop. Hundreds of replies were received by the magazine from Scoutmasters who had had experiences in their own troops with handicapped boys, from parents of handicapped boys who had actively participated in Scout programs, and from handicapped Scouts themselves. The outcome was reported in the February, 1952, issue of the magazine, and the Scoutmaster, in his second letter, tells of the progress made by the boy concerned.

#### BRACES

634. Hottenstine, Ellynmae

Home care of braces. Crippled Child. June, 1952. 30:1:10-11.

Instructions for procedures in caring for braces are given; these suggestions will call to the attention of parents or those in charge of the handicapped child the important points to watch so that maximum benefit will be obtained from the use of the brace.

#### CAMPING

635. Bradley, Margery

Camping for crippled children--II. Organization and administration. Physical Therapy Rev. June, 1952. 32:6:303-305.

The organization and administration of camps for handicapped children call for adaptations to meet the special needs of such children; the site of the camp, buildings, and terrain are important to consider. Because of the highly specialized program, selection of camp personnel must be done carefully. Children should be selected for camping experience in terms of their disability and ability to adjust to group living. If all these requirements are met, the handicapped child will benefit greatly from camp activities; his social, emotional, and physical development will be greater and he will in later life be more able to adjust to the society in which he lives.

636. Schleichkorn, Jacob S.

Camping for crippled children--I. Organization of a physical therapy program. Physical Therapy Rev. June, 1952. 32:6:297-302.

"The purpose of this paper is to cover the organization of a physical therapy department and program in a summer camp for orthopedically handicapped children ...." The writer of this article discusses medical facilities of the well governed camp, outlines a physical therapy program and its objectives, treatment schedules and duties of the therapist, equipment necessary, the writing of reports, and defines related responsibilities. Information on student training programs open to senior physical therapist students is given.

#### CAMPING--ADMINISTRATION

637. American Camping Association

Camp organization for program; suggestions for integrating camp administration and activities. Chicago, The Assn., n.d. 24 p.

This pamphlet "...is designed to aid the administrator in the never-ending task of evaluating and revising his organizational pattern, looking toward the goal of a creative program carried out under the direction of a mature staff to insure maximum growth of campers...." The author discusses the function of administration relation to program, basic camp organization, the organization of groups in camp, schedules, leadership, integration of program divisions and activities, the planned and unplanned program, and motivation and introduction of activities. Included is a simple organizational chart for administering services and delegating responsibilities.

Available from the American Camping Association, 343 South Dearborn St., Chicago 4, Ill., at 50¢ a copy.

#### CANCER

638. Arey, James B.

Cancer in infancy and childhood. Penn. Med. J. June, 1952. 55:6:553-557.

The writer describes the work of the Tumor Diagnostic Service for Children, established by St. Christopher's Hospital for Children, Philadelphia, in conjunction with the State Department of Health. "...To date more than 150 specimens from suspected neoplasms of infants and children have been submitted to the Tumor Diagnostic Service for Children...." Types of neoplasms diagnosed by the Service and a resume of common malignant neoplasms in early life are tabulated. While malignant neoplasms are one of the leading causes of death from disease in childhood and are associated with a very grave prognosis, Dr. Arey states that recent advances in diagnosis and therapy have resulted in an encouraging rate of cure in a number of types of neoplasms found in this age group. Types such as leukemia continue to have a hopeless prognosis but remissions may be induced in a number of patients.

#### CEREBRAL PALSY--DIAGNOSIS

639. Hughes, James G.

Early detection of cerebral injury, by James G. Hughes with the assistance of Billie Camp Davis. J. Pediatrics. May, 1952. 40:5:606-620.

Part of Symposium on Cerebral Palsy, Part III, which includes: Observations on some causes of cerebral palsy based on post-mortem findings in newborn infants, by James B. Arey.-Malformations of the brain--a neglected source of basic knowledge on the development of cerebral structure and functions, by Paul I. Yakovlev.-Unmet needs in cerebral palsy--important directions of research, by Klaus R. Unna.-Unmet needs in cerebral palsy, follow-up study of children with cerebral palsy, by Randolph K. Byers.

#### CEREBRAL PALSY--MEDICAL TREATMENT

640. Phelps, Winthrop M.

General management of the cerebral palsy problem. Virginia Med. Monthly. Feb., 1952. 79:2:65-69. Reprint.

Dr. Phelps discusses briefly palsies of cerebral origin as opposed to those of spinal or peripheral origin, and associated handicaps--visual, hearing, mental or learning, and convulsive states. Total evaluation calls for the services of a team of professionally trained persons--the doctor, the special education worker in the fields of sight and hearing, and speech training. A plan for treatment, based on organized plans carried out in New Jersey and Ohio, is presented with suggestions on its organization and personnel. The fact that such a plan has been in operation in New Jersey for



#### CEREBRAL PALSY--MEDICAL TREATMENT (continued)

fifteen years is evidence that satisfactory results can be obtained; each state should take the responsibility for setting up such plans, utilizing facilities and personnel within its borders.

#### CEREBRAL PALSY--PROGRAMS--TEXAS

641. Palmer, Jim F.

Texas round-up. Crippled Child. June, 1952. 30:1:16-18.

The Texas Society for Crippled Children, with the aid of many interested persons, has 18 crippled children's treatment centers doing a heroic job of creating richer, better lives for its handicapped children. Some of the centers and their work are described briefly.

#### CEREBRAL PALSY--PSYCHOLOGICAL TESTS

642. Doll, Edgar A.

Mental evaluation of children with cerebral palsy. Crippled Child. June, 1952. 30:1:6-7, 28.

The child with cerebral palsy should be viewed as a person as well as a patient and in evaluating his mental capacities, the examiner must consider his physical disabilities first. For adequate psychological appraisal ways and means must be found to "by-pass" his expressive and receptive handicaps to reveal true capacities obscured or distorted by sensory or motor impairments. "...This presentation, consequently, bypasses the details of test selections as well as the various areas of psychological examination such as emotional dynamics, conative effort, achievement fields, aptitude potentials, interests, motivations....test performances or psychological observations of behavior must, therefore, be taken as minimum rather than optimum. The examiner must rely upon his own insight and experience with both normal and handicapped children...."

See also 710.

#### CEREBRAL PALSY--SPEECH CORRECTION

643. Huber, Mary

Letter to the parents of a cerebral palsied child. Crippled Child. June, 1952. 30:1:19-21.

This popular article appeared originally in 1950 as a leaflet distributed by the New York State Association for Crippled Children, and it was reprinted in the June, 1950, issue of the Journal of Speech and Hearing Disorders.

#### CHRONIC DISEASE

644. Rusk Howard A.

Dynamic therapeutics in chronic disease. J. Michigan State Med. Soc. May, 1952. 51:5:559, 610.

Speaking extemporaneously at the sixth annual Michigan Clinical Institute March 12, 1952, Dr. Rusk urged the rehabilitation of those with chronic diseases and their resultant disabilities. Quoting from mortality statistics of the National Office of Vital Statistics and from data included in the National Health Survey 1935 to 1936, he points to greater life expectancy and higher incidence of chronic disease. He stressed the great need for care of civilians comparable to that afforded the military under the Veterans Administration and the responsibility of the physician towards his patient in referring him to institutions equipped to rehabilitate and retrain patients with residual physical disability.

#### CHRONIC DISEASE--MEDICAL TREATMENT

645. Fazekas, Joseph F.

The total patient-care approach to chronic disease. Public Health Reports. May, 1952. 67:5:421-425. Reprint

#### CHRONIC DISEASE--MEDICAL TREATMENT (continued)

May, 1952. 67:5:421-425. Reprint.

Since the purpose of a total program for the management of patients with chronic disabilities should be their restoration to a state of optimum usefulness in society, the problem becomes economic and social as well as medical. It is important that all therapeutic facilities be made available without exorbitant cost. Educational programs should be instituted for professional and lay groups, as well as patients, to stress the need for early detection and treatment of diseases and to provide information on specific diseases. For the success of such a program, the coordinated efforts of medical schools, medical societies and community health officials is essential. A variety of agencies, cooperating for one purpose, can provide the various aspects of total care--case finding and selection, medical care, rehabilitation, physical therapy, vocational training, laboratory services, research, hospital and home care, and terminal medical care.

#### CLEFT PALATE

See 711.

#### COLLEGES AND UNIVERSITIES

See 631.

#### COLOSTOMY

646. Rehabilitation of colostomy patients. Hospital Progress. June, 1952 33:6:58-60. Reprint.

The writer, a colostomy patient herself and a lecturer at Bellevue Hospital, New York City, reviews her trial and error methods of managing her colostomy so as to help others to live with this disability. In this article the writer stresses the patient's need for mental help in facing the adjustments in daily living which a colostomy operation requires, the type of irrigator found most useful, methods of dilating colon, and the proper diet for each individual. Early rehabilitation for the colostomy patient is necessary for the relief of emotional stress and anxiety; perhaps some of the trial and error each individual experiences can be overcome with these suggestions.

#### DEAF

647. Maryland. Baltimore Hearing Society

What your hearing means to you. Baltimore, The Society, 1951. 17 p.

The teaching units in this pamphlet can be used as the basis for the development of improved hearing attitudes for all school children, whether the hearing is normal or impaired. They are planned on three levels--primary, intermediate, and junior high--but they are not arbitrarily divided. Through adaptation, any one of them can be used in any grade, and each is valuable in suggesting supplementary work in social studies or language. A variety of approaches, content outline, and culminating activities are listed for each level, with references for children and teachers.

Distributed by the Baltimore Hearing Society, 322 North Charles St., Baltimore 1, Md., at \$1.00 a copy.

648. U. S. Children's Bureau

The child who is hard of hearing. Washington, D. C., Govt. Print. Off. (1952). 14 p. (Children's Bureau Folder no. 36.)

The third pamphlet in a series on the handicapping conditions of childhood, issued by the U. S. Children's Bureau, deals with the hard of hearing

DEAF (continued)

child and his problems. Parents will find suggestions for helping their handicapped child through the information on the causes and treatment of the hard of hearing. Sources of additional help and information are given where services may be obtained and the names of agencies working on the problem of the hard of hearing.

Available from the U. S. Superintendent of Documents, Washington 25, D. C. at 5¢ a copy.

DEAF--EMPLOYMENT

649. Phillips, Richard M.

A career information program for schools for the deaf. Am. Annals of the Deaf. Mar., 1952. 97:2:301-309.

The writer, vocational rehabilitation specialist for the deaf and hard of hearing at Indianapolis, Indiana, feels it is doubly important to give occupational information to those in high school. One method he recommends is the "Career Day" program; in residential schools it is advisable to spread the lecture series over a longer period of time. The greatest emphasis should be upon skilled trades; for those few capable of acquiring a college education and entering professions open to those with defective hearing, special meetings can be scheduled. The addition of visual education, possible with the use of films and film strips, adds greatly to verbal information.

DEAF--EQUIPMENT

650. Silverman, S. R.

Recent developments in hearing aids, by S. R. Silverman and Robert W. Benson. Hearing News. May, 1952. 20:5:4-5, 20, 22. Reprint.

In discussing recent developments in hearing aids, the writers "...comment upon the distribution of users as related to such variables as age and origin of hearing impairment and to performance characteristics such as gain, frequency, response, maximum acoustic output, internal and external noise...." Factors in design and performance are explained in terms the layman can understand. It is believed that not only will the public be able to secure more helpful hearing aids in the future, but also more economical ones.

Reprints available from the American Hearing Society, 817 14th St., N.W., Washington 5, D. C.

651. Woodward, Helen

A child and his hearing aid. Volta Rev. June, 1952. 54:6:261-262, 288, 290.

Instructions for parents of deaf children to help them learn more about hearing aids and instruct their children in the care and use of such aids. So that parents may not expect the impossible from the child using an aid, the writer tells what an aid will and will not do for the deaf or hard of hearing child.

DEAF--SPECIAL EDUCATION

652. Ingvarsson, Ivar M.

Language teaching in schools for the deaf: psychological aspects. Am. Annals of the Deaf. Mar., 1952. 97:2:267-281.

Severe cases of defective hearing from early childhood cause important repressions in children's linguistic and intellectual development; their social habituation is also adversely affected. Differences between hearing



DEAF--SPECIAL EDUCATION (continued)

and deaf children in regard to linguistic development and absorption in the life of the community in the years preceding school entry are shown through tables. "...Instruction for deaf children in the mother tongue, as outlined in this paper, is in many features in accordance with the linguistic development undergone by normal children. The principal part of the material used in teaching is drawn from the children's own experience, and the linguistic form is developed during the treatment at school....The material is associated with linguistic series and the course is rehearsed until firm connections have been formed between conceptions and linguistic expressions...."

DEAF--SPEECH CORRECTION

653. Poulos, Thomas H.

Improving the intelligibility of deaf children's speech. Volta Rev. June, 1952. 54:6:265-267, 284.

In teaching the deaf, two teaching methods are used mainly--the oral and the non-oral (sign language or finger spelling). In a study made at a state school for the deaf in 1950, it was found the deaf tend to rely on manual means of communication among themselves. However, a speech program is necessary to fit the deaf into a hearing world. Some of the problems and conditions which encompass a speech program with the deaf are outlined in this article. Electronic devices used in teaching speech, various methods of speech training, the role of parents and teachers, and the coordination of a total speech program are discussed. Only through emphasizing speech as a subject in the curriculum of the school and encouraging speech in the deaf child outside of school can the deaf learn to speak.

See also 682.

DIABETES--EMPLOYMENT

654. Schweisheimer, W.

Diabetic workers in industry. Nursing World. May, 1952. 126:5:277.

A brief review of surveys and studies to determine the number of diabetics in industry, their performance on the job in regard to absenteeism and accident rates, and factors to be considered in the medical control of diabetic workers. Although diabetes is no longer a major problem in industrial medicine, industrial medical personnel can be of great assistance in helping the diabetic control his disease and, by intelligent job placement, can assure the diabetic worker a normal, useful life.

EMPLOYMENT

655. Rusk, Howard A.

Employability of the chronically ill and disabled, by Howard A. Rusk (and others). J. Am. Med. Assn. June 7, 1952. 149:6:595-597.

This paper, prepared from the viewpoint of the general practitioner, was written at the request of the Advisory Council on Professional Education of the Commission on Chronic Illness. Emphasis on the need for manpower has pointed up the community responsibility towards the disabled and chronically ill; such responsibilities include rehabilitation for this group of persons in order that they may have the opportunity to contribute their share towards the national economic effort. Adjustment of the concept of the relation of physical fitness to the demands of a job to be performed is needed. Prolonged hospitalization or disablement often causes psychological changes, resulting in poor attitudes and habits.

EMPLOYMENT (continued)

656. Viscardi, Henry, Jr.

Who are the disabled workers? Nursing World. June, 1952. 126:6:25-27.

Mr. Viscardi, Jr., presents a challenge to industrial nurses who can help to guide the thinking of American management and labor in their attitudes toward the physically handicapped in industry. A physical handicap is not necessarily an occupational one; in the search for additional manpower many of the handicapped are capable of active and productive work, given the opportunity of employment. A program of matching the job to the individual and returning the handicapped to useful lives can be of value to the individual and society.

EPILEPSY

657. Leigh, Randolph

Epilepsy and rehabilitation. J. Rehabilitation. May-June, 1952. 18:3:3-8. Reprinted from Neuropsychiatry. Summer 1951 issue.

The writer reviews the main combinations of factors producing epilepsies, types of seizures, diagnostic and treatment procedures, and the great need for maximum social rehabilitation. Procedures for rehabilitation of the epileptic vary with each individual; the physician, the social service worker and the rehabilitation specialist, working together, supply evaluation and prognosis of the patient's potentials, education for the family and society on the problems of the epileptic, and integrated efforts for the best interests of the patient and employer alike. A broad program of effective rehabilitation is suggested to restore the epileptic as a self-respecting and self-supporting member of society.

658. U. S. Children's Bureau

The child with epilepsy. Washington, D. C., Govt. Print. Off. (1952). 15 p. (Children's Bureau Folder no. 35.)

Containing useful information for parents who have a child with epilepsy, this pamphlet describes the condition and outlines the special care this child must have. It holds out hope to the parents that their child may attend a regular school if seizures are largely controlled and explains some of the means of controlling the condition. Many false ideas concerning epilepsy are corrected by the true facts of the disease. This is the second of a series of pamphlets issued by the U. S. Children's Bureau dealing with handicapping conditions of childhood.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 5¢ a copy.

EPILEPSY--MEDICAL TREATMENT

659. Topman, J. E. P.

The search for new drugs against epilepsy, by J. E. P. Topman, G. M. Everett and R. K. Richards. Texas Reports on Biology and Medicine. Spring, 1952. 10:1:96-104. Reprint.

"This brief account is intended primarily to summarize the methodology and experiences of a pharmaceutical laboratory group engaged in the screening, assay, and evaluation of anticonvulsant drugs, together with some discussion of mechanisms of anticonvulsant action....In the course of this combined program of practical and theoretical research in anticonvulsant drug action, over a thousand drugs have been screened, of which five have already proved of value in clinical epilepsy....Several more drugs are in the process of clinical evaluation, and others are under consideration for eventual trial. The remainder have given valuable leads concerning structure-activity relationships and mechanisms of action, providing a basis for the synthesis of new compounds...." Bibliography.



#### EPILEPSY--PSYCHOLOGICAL TESTS

660. Reed, Homer B.

The intelligence of epileptics. J. Genetic Psychology. 1951. 78: 145-152. Reprint.

"...The purpose of the present paper is to report the results of intelligence tests and observations of 295 epileptic patients from the State Hospital for Epileptics at Parsons, Kansas....The original purpose of making the study was to answer a practical question of the superintendent, namely, how many of the patients could or should be segregated for additional schooling. Intelligence tests were given to all patients between the ages of five and 40 years and to a small number between the ages of 40 and 45...." Characteristics found in these patients did not allow the writer to draw definite conclusions, but epilepsy and feeble-mindedness did appear to be closely associated in hospitalized epileptics; feeble-mindedness apparently is present at birth and not the result of deterioration. No pattern which might be called epileptic personality was discovered.

#### HANDICAPPED--HISTORY

661. Goldberg, Icchok I.

Social status of the physically handicapped. Special Education Rev. Dec., 1951. 8:4:9-19.

"...This paper attempts to trace the attitudes of societies, from ancient to modern times, with reference to physically handicapped minorities. It is hoped that such an historical perspective will be helpful to teachers and layman alike in connection with their own attitudes toward individuals with disabilities...." Bibliography.

#### HEART DISEASE--DIAGNOSIS

662. Schwartz, Bernard

Incidence of heart disease in mass x-ray surveys, by Bernard Schwartz and Bernard Berman. J. Am. Med. Assn. June 21, 1952. 149:8:734-735.

"...The present report was made possible when the Cincinnati Antituberculosis League and the Cincinnati Health Department made examinations of the chest x-rays of 10,549 persons in the early part of 1949....486...showed some abnormality of the cardiac silhouette on the roentgenograms....From this group ...207 were selected at random and given complete physical examinations.... One hundred seventy-seven of the 207 patients examined had some form of cardiovascular disease....Previous to this pilot study only a few of the patients consulted their private physicians when informed of the heart abnormality seen in the chest x-ray....The incidence of heart disease in this pilot study is so significant that some type of follow-up is imperative...."

#### HEART DISEASE--EMPLOYMENT

663. Patricia, M., Sister

Job placement for cardiacs. Hospital Progress. June, 1952. 33:6:37.

The Work Classification Unit for cardiac patients, recently established at St. Michael's Hospital, Newark, New Jersey, typifies the expanding function of the general hospital; it does not render any treatment but functions in a consulting capacity only. Patients are referred, in writing, by private physicians, industrial physicians, or hospital out-patient clinics; letters are screened by the social service department of the hospital housing the Unit, and processed by the State Department of Rehabilitation; diagnostic facilities determine the condition of the heart and blood vessels, the amount of work, physical and mental, which the patient can do, the physical and

#### HEART DISEASE--EMPLOYMENT (continued)

mental demands of specific jobs, and then match the individual's abilities to the demands of the job. A Work Classification form is sent to the State Department of Rehabilitation where job counseling and placement are offered.

See also 680.

#### HEART DISEASE--STATISTICS

##### 664. American Heart Association

Diseases of the heart and blood vessels; facts and figures. New York, The Assn., 1952. 16 p.

A pamphlet of statistical charts answering some of the questions people ask concerning death rates due to heart diseases, age groups affected, disability rates and how the nation's manpower is affected by diseases of the heart and circulation.

Available from American Heart Association, 1775 Broadway, New York 19, N. Y.

#### HEMIPLEGIA--NURSING CARE

##### 665. Herrington, Catherine

Nursing the hemiplegic patient. Nursing World. June, 1952. 126:6:33-34.

Factors in the nursing care of hemiplegic patients are discussed to aid the practical nurse assigned to such cases.

#### HOBBIES

##### 666. Fitzgerald, Gerald B.

Nature recreation for the crippled child. Crippled Child. June, 1952 30:1:14-15, 28.

Nature recreation for bed patients can be brought to the bedside through the use of arts and crafts, movies, miniature gardens, the modeling of animals, and painting. For the handicapped child able to get about in a wheel chair, nature hikes, fishing, and picnics where the terrain is level enough for wheel chairs can be planned. The ambulant patient can participate in a wider variety of nature recreation through day camp-outs, the study of wild life, trees and plants, and the raising of pets. While the building of such a program must have medical approval and involves a great deal of preparation, the experiences and satisfactions gained by the children are amply rewarding.

#### HOME ECONOMICS

##### 667. New York. New York University-Bellevue Medical Center. Institute of Physical Medicine and Rehabilitation.

Rx for the disabled housewife. New York, The Institute (1952) (14 p.) illus

By applying the principles of industrial management to the job of home-making, handicapped housewives can live within the limits of their disabilities yet to the full extent of their capabilities. This booklet, mainly illustrations of devices for homemakers which have been adapted to meet the needs of the handicapped, shows how work can be simplified and energies conserved. Listed are sources of devices and film strips for use in training the handicapped.

Distributed by the Institute for Physical Medicine and Rehabilitation, 400 E. 34th St., New York 6, N.Y.

#### HYDROCEPHALUS

668. Teska, Percy T.

The mentality of hydrocephalus and a description of an interesting case. J. Psychology. Apr., 1947. 33:197-203. Reprint.

The writer has gathered together material on the general characteristics of hydrocephalus and the prospects of normal intelligence for the hydrocephalic child for the clinical psychologist who must make recommendations to the parents for the child's best maintenance and training. Incidence, prognosis, and the genetics of the disease are discussed and a case history of congenital hydrocephaly is presented.

#### LIBRARY SERVICES

669. Mullen, Frances A.

The slow learning pupil uses the library. Wilson Library Bul. Feb., 1952. 26:4:460-462, 465. Reprint.

A citywide survey was conducted in Chicago through a questionnaire sent to the 120 elementary schools housing ungraded divisions; the usefulness and practicability of offering library services to very slow learners was questioned and information on present practices was requested. Programming procedures and other services of the librarian to slow learning classes are discussed. "...The experience reported in this study amply demonstrates that cooperation between library and ungraded teacher eases and fructifies the work of both. The time and energy spent by both in the accumulation of appropriate materials, and the ingenuity, patience, enthusiasm, and resourcefulness utilized in presenting it to slow pupils and interesting them in it, bear fruit, not only in academic progress, but in the whole personality development of the children so served."

#### MENTAL DEFECTIVES--MENTAL HYGIENE

670. Bergman, Murray

Schizophrenic reactions during childhood in mental defectives, by Murray Bergman, Heinz Waller, and John Marchand. Psychiatric Quarterly. Apr., 1951. 25:294-333. Reprint.

"From a review of the literature on schizophrenic reactions in children, including mentally defective children, the writers found clinical support for the general recent consensus, thus enabling us to establish diagnostic patterns and categories of cases in relation to mental deficiency. Schizophrenic patterns in mental defectives are far more frequent than is generally believed....Evidence is accumulating that there are cases in which a regressive process has been at work from early childhood--a process which is often dismissed through such identifying, evasive nomenclature as feeble-mindedness and psychopathic personality....Schizophrenic reactions in children are not infrequently mistaken for mental deficiency....Psychometric techniques were of considerable value in confirming the writers' clinical diagnosis of schizophrenic patterning....The need to investigate abnormal mental reactions and psychoses in mental defectives is imperative....the writers' advocate the establishment of special diagnostic treatment and research centers for these cases within state schools."--Summary. Bibliography.

#### MENTAL DEFECTIVES--SPECIAL EDUCATION

671. Baskin, Jacquelyn White

Vitalizing school experiences for ungraded pupils. Chicago Schools J. Mar.-Apr., May-June, 1952. 33:7-8, 9-10. 2 parts.



#### MENTAL DEFECTIVES--SPECIAL EDUCATION (continued)

Because intellectual development and learning abilities are the main difference between mentally retarded and normal children, emphasis should be placed on a study of the mentally retarded child's learning capabilities, and techniques should be devised and improved for efficient teaching methods for this group. Learning through exploration, experimentation, and manipulation is more successful with ungraded children; the writer discusses in Part I the differences in teaching methods for reading with the ungraded. Part II takes up the teaching of writing, arithmetic, science, social studies, and creative expression. Activities and interests of the mentally retarded are suggested and the writer constantly stresses the utilizing of efficient, ingenious methods, varied material introduced repetitiously, and projects and activities commensurate with the children's social age.

672. Gann, Edith

Accepting the slow-learning school child. Special Education Rev. Dec., 1951. 8:4:5-8.

Adjustment problems of the slow learning child in many school situations were reviewed at a recent meeting of school principals and a summary description of the slow learner is given here. It is the consensus of most educators that the slow learner belongs in the regular school program rather than in segregated classes. "...The purpose of this paper is to indicate certain ways in which the slow learner may experience success and satisfaction in school, ways in which he may be made to feel that he 'belongs' to the group...." Group activities aid the slow learner in learning academic skills more rapidly and also teach him the qualities of good citizenship and instil self-esteem.

#### MENTAL DISEASE--PSYCHOLOGICAL TESTS

673. Hoedemaker, Edward D.

Psychologic tests in the diagnosis of organic brain disease, by Edward D. Hoedemaker and M. E. Miriam Murray. Neurology. Mar.-Apr., 1952. 2:2:144-163. Reprint.

A study of the charts of 16 adults between the ages of 17 and 60, suspected through the processes of history taking, neurologic examination, or psychologic testing of having organic brain disease. "...The present findings would appear to indicate that an experienced clinical psychologist, employing a selected battery of psychologic tests over a considerable period of time in the examination of a wide range of psychiatric and neurologic disorders in the late adolescent and adult age groups, is able to detect evidence of organic brain pathology with a degree of accuracy greater than that obtained by clinical neurologic examination or by electroencephalography used alone. Additional studies are indicated to evaluate further the sensitivity of psychologic test batteries as diagnostic aids in the detection of organic brain disease. "--Conclusions.

#### MENTAL DISEASE--STATISTICS

674. U. S. National Institute of Mental Health

Patients in mental institutions, 1948. Washington, D. C., Govt. Print Off., 1951. 119 p. (Public Health Service publication no. 89).

Data in this report cover patients in private and public hospitals and institutions for mental disease, the mental defective, and epileptic. As in previous years, the report is largely a bookkeeping account of the flow of patients into and out of such institutions, as well as a compilation of statistics on the characteristics of first admissions, discharges, over-

#### MENTAL DISEASE--STATISTICS (continued)

crowding, administrative staff and expenditure. The report is mainly charts and tables, but Parts V through VIII discuss definitions of terms used, uses and limitations of data, classification of hospitals and institutions, and irregular classifications and changes affecting 1947-1948 comparisons.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 55¢ a copy.

#### MULTIPLE SCLEROSIS--STATISTICS

675. Kurland, Leonard T.

The frequency and geographic distribution of multiple sclerosis, with special reference to New Orleans, Louisiana, by Leonard T. Kurland, Huldah Bancroft and Theodore L. L. Soniat. New Orleans Med. and Surgical J. May 1952. 104:11:445-454.

"An investigation of the frequency and distribution of multiple sclerosis in the United States and Canada was carried out in an attempt to eliminate some of the confusion on racial selection and geographic distribution resulting from earlier studies. It was also hoped that such an investigation would serve as a prototype for obtaining frequency data on other neurological and psychiatric disorders....This present report deals with the completed study of New Orleans and compares results with those of Winnipeg (Canada)...."

"Portions of this report are selected from a dissertation prepared by Dr. Kurland in compliance with the requirements for the Doctor of Public Health degree at the Johns Hopkins University, June, 1951."

#### NERVE INJURIES

676. Tomasco, William A.

An exercise program for axillary nerve injuries, by William S. Tomasco and Helen F. Snellbaker. Physical Therapy Rev. June, 1952. 32:6:289-296.

A method of changing passive motion into active when treating axillary nerve injuries is described; since the authors are concerned only with the reestablishment of voluntary function following the return of nerve supply, no details of other treatment are included. "...In the presence of muscle weakness, this reduction of load placed upon the muscle to the point where it equals the muscle strength is the basic consideration in establishing this exercise program....These simple exercises which may be performed by the patient unaided by the physical therapist permit movement of the shoulder joint and activity of the muscles long before they might function otherwise...."

#### OLD AGE--MEDICAL TREATMENT

677. U. S. Public Health Service

Illness and health services in an aging population; four papers presented in Section IV of the Second International Gerontological Congress, St. Louis, Missouri, September 9-14, 1951, by G. St. J. Perrot (and others). Washington, D. C., Govt. Print. Off., 1952. 68 p. (Public Health Service publication no. 170).

"The four papers included in this volume were presented in a session on illness and disabilities among older persons....they provide comprehensive analyses of quantitative data on illness and health services in an aging population...." The first paper concerns the health status and health requirements of an aging population; the second reports on illness among older people in Hagerstown, Md., and is an analysis of data on the occurrence of chronic illness and death in a 20-year interval and the relation of such occurrence to the chronic illness status at the time of the original survey. The third paper is a review of the



OLD AGE--MEDICAL TREATMENT (continued)

findings concerning the Health Insurance Plan of Greater New York and its older enrollees during 1948 and 1949. Data from three programs which are of significance to the aging in Saskatchewan, Canada, are reported in the fourth.

Available from U. S. Superintendent of Documents, Washington 25, D. C. at 25¢ a copy.

OLD AGE--PROGRAMS--ILLINOIS

See 712.

PARALYSIS AGITANS--MEDICAL TREATMENT

678. Chrystal, Murray

Possibilities and limitations of rehabilitation procedures for paralysis agitans, by Murray Chrystal (and others). Physical Therapy Rev. May, 1952 32:5:231-235. Reprint.

The author describes the progressive syndrome of Parkinsonism and the technics of rehabilitation that are found useful in treating the disease. While the type of therapy to be applied depends upon the degree of disability, certain factors related to utilizing the patient's will and capacity should be kept in mind. Activities should be purposeful and built around skill acquired during the normal state of health. Treatment in groups graded according to severity of involvements encourages competition but inequality of performance should be avoided. Disabilities of motion, postural and speech defects are the outstanding symptoms. The purpose of the present study of nine patients with diagnosed Parkinsonism was to determine whether there were personality and intellectual characteristics peculiar to the disease.

PARAPLEGIA--MEDICAL TREATMENT

679. Proceedings of the Kessler Institute for Rehabilitation. 1952. 1:1.

"The Kessler Institute for Rehabilitation announces the publication of the first issue of its new annual magazine, Proceedings of the Kessler Institute for Rehabilitation. The current issue, devoted to a 'Clinic on Paraplegia,' presents an integrated program of medical care for paraplegics (patients paralyzed below the waist) that was developed at the...Institute ...." Nine physicians and a dentist contributed articles about various phases of the medical program for paraplegics, emphasizing the necessity for teamwork among the medical specialists responsible for the rehabilitation of this severely disabled group. Included in the team of specialists are orthopedists, plastic surgeons, internists, neurologists, urologists, anesthesiologists and the dentist.

Single copies available on request from the Kessler Institute for Rehabilitation, Pleasant Valley Way, West Orange, New Jersey. Distribution is limited to medical and ancillary personnel.

PHYSICAL EFFICIENCY

680. Bruce, Robert A.

Evaluation and significance of physical fitness for moderate work, a study of patients with cardiovascular or pulmonary diseases, by Robert A. Bruce (and others). Archives Industrial Hygiene and Occupational Medicine. Sept., 1951. 4:3:236-250. Reprint.

"Exercise-tolerance tests which utilize a treadmill ergometer and multiple continuous observations have been made at three different stresses on

#### PHYSICAL EFFICIENCY (continued)

75 normal controls and 184 patients with symptoms of diseases involving the heart or the lungs. The capacity for moderate work...has been evaluated in terms of three fundamental aspects of performance: endurance, efficiency of oxygen uptake, and circulatory recovery. These have been integrated into an index of physical fitness for walking. Normal control values for several physiological variables, as well as the probabilities of each of these in differentiating exercise performance in known abnormals, have been assembled ....The oxygen gradient between functional alveolar air and arterial blood has been measured during grade walking in 17 patients with a variety of cardiorespiratory diseases. The significance of the physical-fitness index is that it varies inversely with this oxygen gradient. The limitations and the applications of the procedure of evaluating physical fitness in patients with clinical disease have been discussed."--Summary. These studies were conducted in the Chest Laboratory of the Department of Medicine of the University of Rochester School of Medicine and Dentistry and the Medical Clinic of Strong Memorial and Rochester Municipal hospitals, Rochester, New York.

#### PHYSICAL MEDICINE

681. Watkins, Arthur L.

Physcial medicine for the neurologic patient. New York State J. Med. Feb. 1, 1952. 52:3:315-318. Reprint.

In the diagnosis and treatment of neuromuscular disorders, a practical knowledge of electro diagnosis is necessary; the author discusses qualitative and quantitative electrical tests, electromyography, the treatment of peripheral nerve lesions such as Bell's palsy, by electrical stimulation, the use of physical and occupational therapy in treating upper motor neuron lesions. "In summarizing the rehabilitation of the neurologic patient, one must not overlook the diseases of a chronic and progressive nature such as multiple sclerosis, Parkinson's disease and amyotrophic lateral sclerosis...." Four steps toward rehabilitation are outlined: 1) evaluating motor, sensory, language, intellectual, and occupational abilities, 2) prescribing treatment with physical and occupational therapy to achieve specific maximum results and terminating such treatment when progress ceases, 3) planning a program of daily living which is realistic. This includes maximum self-help, homebound occupation using intellectual capabilities and good hand, retraining to new occupations or training for return to old, if possible with aids, 4) maintaining good physician-patient relationship for patient's morale and teaching family proper attitude toward disease.

#### PLAY THERAPY

682. Russell, Ned

Play therapy for the hard of hearing. Hearing News. June-July, 1952. 20:6-7:5-6, 20.

The speech correction clinic at the College of the Pacific, Stockton, California, employs several therapeutic techniques, among them the play therapy clinic where disturbed children may work out their fears and aggressions. This play therapy program operates on the basis of client-centered techniques; speech cases were benefitted by the application of these techniques but a number of the hard of hearing enrolled in the summer session at the school failed to show any permanent change, perhaps due to the briefness of the session. With the hard of hearing communication barriers hinder the success of play therapy.

#### POLIOMYELITIS--MEDICAL TREATMENT

683. Smith, Scott Lord

Eighteen years of dependence on a respirator. J. Am. Med. Assn. June 14, 1952. 149:7:654-655.

"A case of poliomyelitis with massive peripheral and respiratory paralysis, ending in death after 18 years' dependence on a respirator, is discussed and followed through the entire period of illness. A search of the literature, with the help of the New York Academy of Medicine library staff, has disclosed no reports of a similar case for comparison or suggestions. Problems suggested and remaining unanswered in this report are concerned with why the subconscious control of respiration in sleep failed to redevelop, in spite of persistent efforts to induce sleep by sedatives and fatigue.... The second question concerned the reason for the serous cavities not participating in the general anasarca. The frequency of respiratory infection and the mechanical difficulties involved in treating them are described and discussed. Much of this boy's treatment took place before the sulfonamides and the anti-biotics were used. The enormous importance of morale is emphasized, and the many possibilities of diversion and education for the greatly handicapped are apparent. The original Drinker respirator remained in use for the entire 18½ years."--Summary.

684. Stimson, Philip M.

Home care of patients with acute poliomyelitis. J. Am. Med. Assn. June 21, 1952. 149:8:719-721.

"Reasons are given for modification of the present widespread tendency to send at once to hospitals every patient whose illness is at all suggestive of acute poliomyelitis. Most patients with suspected poliomyelitis, nonparalytic forms, and many of the mild forms of the disease might better be cared for at home, particularly if the local health authorities can provide not only diagnostic consultation to aid the family physician to differentiate poliomyelitis from other conditions but also can provide the family physician with visiting nursing and physical therapy to care for the patients in the home. Outpatients clinics should be available for follow-up care. Cases in which home treatment is suitable are described, and their management is discussed. Indications for hospitalization and some conditions and factors that make care at home undesirable are stated."--Summary.

#### POLIOMYELITIS--MENTAL HYGIENE

685. Garber, Miles D., Jr.

Some emotional aspects of poliomyelitis. Public Health Nursing. June, 1952. 44:6:340-344, 363. Reprint.

Emotional reactions to poliomyelitis are illustrated by the citing of case histories in this article, and some methods of preventing or attenuating the effects of the disease on the patient's personality are suggested. Such reactions as fear, loss of pride in one's self through deformity and loss of physical skills, depressed reactions to the separation from the mother and home surroundings, dependency prolonged by length of convalescence, denial of the handicap through excessive activity or delinquency are often seen in the polio patient. If personnel act the part of good loving parents, much of the emotional damage can be prevented.

#### PSYCHOLOGICAL TESTS

686. Cruickshank, William M.

A study of the relation of physical disability to social adjustment. Am. J. Occupational Therapy. May-June, 1952. 6:3:100-109, 141.



## PSYCHOLOGICAL TESTS (continued)

"...A study, using a projective sentence completion test, was undertaken to determine the impact of physical disability on adjustment of handicapped adolescent children....A...test was developed consisting of forty-five uncomplete sentences. This test together with a set of simple instructions was provided to administrative personnel directing programs for the education of handicapped children in six large centers in the United States. A total of 264 handicapped children in junior and senior high school grades... cooperated in completing the test....The group...was characterized by a wide variety of physical disability...the largest number...was handicapped by three physical disabilities, i.e., cardiac conditions, poliomyelitis, and cerebral palsy...." Children's self-concepts were evaluated in a number of situations; this paper deals with the areas of the child's self-concepts in regard to the family, including the father and mother, and to society, including the peer group.

## PUBLIC RELATIONS

687. Stein, Herman D.

Measuring your public relations, a guide to research problems, methods and findings. New York, National Publicity Council, 1952. 48 p.

"Both social research and public relations are broad and imposing subjects with extensive popular and technical literatures of their own. This cross between a small book and a large pamphlet does not aim for comprehensive treatment of either, or of their inter-relation. Its main purpose is to give to health and welfare agencies an appropriate sampling of concepts and methods in the use of research for planning and improving their public relations programs; to suggest to boards and staffs ideas and guides to test; and to indicate additional sources of information which they may want to explore....Although this manual finds itself in the National Publicity Council 'how-to-do-it' series, the treatment is more in the nature of 'how-to-see-whether-you-want-to-do-it-at-all.' The accent is intended to be on moderation and discrimination in using research...."--Preface.

It covers informal research techniques, how to test techniques, the public opinion poll and how to organize one, and basic research in media. An appendix contains a case illustration for analysis of newspaper coverage. Bibliography.

Available from National Publicity Council, 257 Fourth Ave., New York 10, N.Y., at \$1.25.

## RECREATION

688. Summer tips. Crippled Child. June, 1952. 30:1:4-5, 28.

Suggestions for parents of handicapped children on making the summer months enjoyable and profitable through socialization experiences, the teaching of new skills, and for the child going to camp. Wise planning can benefit the child, and his family as well, by affording a relaxed, leisurely approach to living. Since treatment must be continued if the handicapped child is to maintain his physical progress, these details must be worked out with the physician and therapists responsible for the child's well being.

#### REHABILITATION

689. Reischl, Helen A.

Rehabilitation of the injured worker. Nursing World. June, 1952. 126:6:28-30, 43.

"...In this discussion rehabilitation will be applied only to that group of physically handicapped who have a permanent disability as a result of an occupational injury...." The writer reviews present legislation to determine if the provisions for physical restoration are adequate, and, in this paper, deals with the first of three phases of rehabilitation following injury--an in-hospital program. While provision is made for the relief of physical pain and the maintenance of general muscle tone through prescribed simple exercises, the psychological aspects of injury received little thought. Social service must be closely integrated with the other therapies in the hospital in order to treat the whole person, not just his handicap.

See also 714.

#### REHABILITATION--FINLAND

690. Jansson, Kurt

The care of disabled ex-service men in Finland. Rehabilitation. May, 1952. 4:15-20.

The writer discusses the importance of emergency treatment, treating burns and hand injuries, thumb repair, tendon and nerve surgery, skeletal restoration and skin grafting techniques. Reconstructive surgery, he feels, should be planned with an occupation goal in mind.

#### REHABILITATION--PERSONNEL

691. Williams, Lois

A training course for activity aides, by Lois Williams and Bertha E. Schlotter. Am. J. Occupational Therapy. May-June, 1952. 6:3:118-121.

"In an attempt to improve the quality of treatment for mentally ill and mentally defective patients in the Illinois state hospitals by means of recreation and occupational therapy, a training school designed primarily for workers lacking professional training in these fields was established by the Illinois Department of Public Welfare at Manteno State Hospital in November, 1948...." Courses are given in the theory of group work and recreational therapy, personality development, mental illness, hospital ethics and the general conduct of hospitals, the philosophy of occupational therapy, play and art activities, clinical work with patients, field trips, and audiovisual education. These are described briefly. The program has proved so successful that demands from former trainees for an advanced course have been received; there are plans for such a course in the near future.

#### REHABILITATION--SURVEYS--MINNESOTA

692. Minnesota. Community Welfare Council

Resources for the handicapped; a survey of Hennepin County, May, 1952. Minneapolis, The Community Chest and Council of Hennepin County, 1952. 49 p. Mimeo.



#### REHABILITATION--SURVEYS--MINNESOTA (continued)

This is the report of a survey made of Minneapolis and Hennepin County, Minnesota, to determine available agencies and facilities for the rehabilitation of the handicapped; a total of fifty-five agencies and/or special departments or facilities serving the area were surveyed in the fields of physical restoration, vocational rehabilitation, employment, education, and social welfare. Data were collected through personal interviews with the aid of a detailed questionnaire and by a study of printed informational material such as annual reports of agencies or organizations. A copy of the questionnaire is included in the Appendix. Established national percentages of the incidence of specific disabilities were used and supplemented where possible by local figures to give a broad indication of the number of disabled in the local community. No attempt was made to evaluate services, but information was requested as to what services were needed in the agency or community for a more adequate program. The various agencies and special services are listed, with a brief description of their work. Recommendations are given for improving services. Dr. Frank H. Krusen served as Director of the Study Committee, and F. Van Konyenburg, as its Chairman.

Published by The Community Welfare Council, 404 S. 8th St., Minneapolis 4, Minn.

#### RH FACTOR

693. Glasser, F. B.

The relation of Rh to mental deficiency, by F. B. Glasser, M. Jacobs, and R. Schain. Psychiatric Quarterly. April, 1951. 25:282-287. Reprint.

The relation of the Rh factor to mental deficiency was the subject of a study made by the authors; "...the blood of 200 mothers of mental defectives was Rh-typed. Thirty-five (18 per cent) were Rh negative. The incidence of Rh positive mental defectives from the Rh-negative mothers was 66 per cent, as compared with 57 per cent in the general population. Rh antibodies were found in the blood of one Rh-negative mother whose mentally defective child had shown no evidence of hemolytic disease at birth. In cases where antibodies are detected during pregnancy but no erythroblastosis is noted at birth, it would be of value if these children were followed for a number of years to determine the frequency with which mental deficiency occurs."--Summary.

694. Great Britain. Medical Research Council

The Rh blood groups and their clinical effects, by P. L. Mollison, A. E. Mourant and R. R. Race. London, Her Majesty's Stationery Office, 1952. 72 p. (Memorandum no. 27).

The authors of this pamphlet summarize the present state of knowledge of the Rh blood groups and their clinical effects. In Part III indications for tests of red cell and sera for Rh antigens and antibodies are summarized and detailed descriptions of the methods of testing and of certain ancillary techniques are given.

Available from British Information Service, 30 Rockefeller Plaza, New York 20, New York, at 75¢ a copy.

#### RHEUMATIC FEVER--MENTAL HYGIENE

695. Bauer, Irving L.

Attitudes of children with rheumatic fever. J. Pediatrics. June, 1952 40:6:796-806.

#### RHEUMATIC FEVER--MENTAL HYGIENE (continued)

"This study was undertaken to determine the attitudes of children with rheumatic fever toward their disease, and the various treatment programs that have been utilized in caring for them. The study is a part of a Demonstration and Pilot Study on the Total Care of the Rheumatic and Cardiac Child supported by a grant from the New York Heart Association under the direction of Dr. Janet S. Baldwin....Fifty children with a history of acute rheumatic fever or existing evidence of a previous rheumatic infection were interviewed....(they) had been treated at home, in hospitals, in convalescent institutions, and in a follow-up clinic. Data were obtained concerning attitudes toward illness at home, hospitalization, preparation for convalescent care, reintegration into home and community, school, attendance, parental handling, follow-up clinic care, and the meaning of the disease...." Suggestions directed toward reducing stresses met by these children and to enable them to cooperate in long-range treatment programs are offered.

#### RHEUMATIC FEVER--NURSING CARE

696. Miale, Julie

Nursing rheumatic fever patients during cortisone therapy. Nursing World. May, 1952. 126:5:208-209, 239.

Some of the most recent clinical and nursing experiences in the use of cortisone or corticotropin with rheumatic fever patients are presented along with some of the problems arising during therapy. Good nursing care is emphasized--the importance of bed rest, the use of the oxygen tent, the need to measure and record intake and output with a close watch on diets, the advantages of a recreational and occupational therapy program, ways of administering the drug, and the necessity of prophylactic measures for the prevention or recurrence of rheumatic fever. The general agreement among medical authorities is that cortisone or corticotropin produce rapid and striking suppression of the acute manifestations of the disease.

#### SPECIAL EDUCATION--INDIANA

697. Indiana. Hammond Public Schools, Hammond.

Special education for handicapped children; the Hammond Special Service School. Hammond, The Schools, 1952. 5 p.

Special education in the public school system of Hammond, Indiana, is discussed. This pamphlet, however, deals mainly with the Special Service School, what its purposes are, requirements for enrollment, types of disabilities handled, nursing facilities of the school, and a brief description of a typical school day.

Distributed by the Hammond Public Schools, Hammond, Indiana

#### SPEECH CORRECTION

698. Morley, D. E.

The speech-handicapped adult. J. Rehabilitation. May-June, 1952. 18:3:16-18, 26-27.

The rehabilitation worker can best serve speech-handicapped adults seeking employment by 1) an awareness of the handicapping effects of defective speech, 2) becoming familiar with local services for the speech handicapped, 3) recognizing the special needs of each speech-handicapped individual, and 4) cooperating with the speech therapist in finding satisfactory employment for the adult with a speech handicap. Discussed are categories of speech defects, available resources to which the handicapped may be referred, factors affecting prognosis, and the employment outlook.

#### STATE SERVICES

699. Services for crippled children: the program's thirteenth year. Social Security Bul. May, 1952. 15:5:10-14.

"...The extent of the services provided in 1948--the first year of a new reporting system--and some background data for the earlier years are shown....Adapted from the report, 'One in 300: Children Served by the Crippled Children's Program in 1948.' " (See next entry)

700. U. S. Children's Bureau

One in three hundred...children served by the Crippled Children's Program in 1948. Washington, D. C., The Bureau, 1951. 19 p. (Statistical Series no. 10.)

This is the first release in a series which will be based on data provided to the Children's Bureau by State crippled children's agencies...." Statistics cover the types of services (in this pamphlet "services" refer to diagnostic and treatment services given under State programs), and comparisons are made between the various states on the number of children treated, types of disabilities cared for, and the amount of services offered.

Distributed by the U. S. Children's Bureau, Washington 25, D. C.

#### STATE SERVICES--ILLINOIS

701. Illinois. Commission for Handicapped Children.

Proceedings of the eighth Governor's conference on exceptional children. Chicago, The Commission, 1951. 95 p.

Contents: A survey of progress, Gerard M. Ungaro.-Reports on unsolved technical problems: Vocational placement, Salvatore G. DiMichael; Medicine, Herbert F. Philipsborn; Education and psychology, Thomas W. Richards.-It's time for inventory, John W. Tenney.-A forward look--a panel discussion: Medical care, Herbert R. Kobes; Social service, Nora E. English; Education, W. Ray McIntosh; Legislation, Honorable Walker Butler.

Available from the Illinois Commission for Handicapped Children, 160 N. LaSalle St., Chicago 1, Ill.

#### SURGERY

702. Barron, John N.

Reconstructive surgery in the rehabilitation of the injured. Rehabilitation. May, 1952. 4:11-14, 20.

"Mr. Barron outlines the advances in reconstructive surgery that have taken place since the first world war, and shows that surgery is now armed with boundless possibilities for the restoration of form and function."

See also 690.

#### SWIMMING

703. Carnahan, James H.

Swimming; Red Cross program provides supervised recreation for the physically handicapped. Crippled Child. June, 1952. 30:1:12-13, 28.

The various phases of the Red Cross swimming program for the physically handicapped are discussed briefly--instructor training, cooperating agencies, doctors' endorsement of the program, transportation, facilities, expenses of the program, participants, and instructor aides. This carefully supervised form of recreation offers patients the opportunity to prove their ability to do things and is of obvious value to the handicapped person's morale.



#### TUBERCULOSIS--MEDICAL TREATMENT

704. Orell, Svante

Modern treatment and rehabilitation in bone and joint tuberculosis.

Rehabilitation. May, 1952. 4:21-22.

The writer, who is head physician of St. Gorans Sjukhus, Stockholm, briefly reviews contemporary methods of treating bone and joint tuberculosis.

#### VOCATIONAL GUIDANCE

705. Beigler, Jerome S.

Therapeutic ambition--handicap for counselors. J. Rehabilitation. May-June, 1952. 18:3:9-11, 15.

Case histories illustrating mistakes made in counseling for rehabilitation by counselors who are too ambitious to "do good" for their patients. The writer, a psychiatric consultant for the Illinois Division of Vocational Rehabilitation, gives some ideas and suggestions gathered from his personal experiences which seem worthwhile for the guidance of those without the specialized knowledge of the psychiatrist. They should be valuable in meeting the responsibilities of counseling persons whose mental attitudes constitute a problem.

See also 649.

#### VOCATIONAL REHABILITATION

706. Gill, D. G.

Jobs for the physically handicapped. J. Med. Assn. Alabama. Jan., 1952 21:7:203-205. Reprint.

How one man with physical disabilities which caused him to lose his job was rehabilitated by his state vocational rehabilitation agency is used to illustrate the writer's point that the physically handicapped can be utilized in the present day economy. Employers are urged to consider this source of manpower and to give the handicapped a chance to prove themselves capable in jobs suited to their ability.

707. Griffiths, Hugh

The bridge between treatment and employment. Rehabilitation. May 1952. 4:2-5.

The writer, a pioneer in British rehabilitation work, shows some of the problems facing the doctor when starting a patient on the road from treatment to employment. In this brief survey, he points out how industry alone can help to solve these problems; by the employment of liaison officers in the hospital and employment placement office of the Labour Exchange, collaboration for the patient's rehabilitation is facilitated.

#### VOLUNTARY HEALTH AGENCIES

708. Hickey, Margaret

Volunteer agencies...conscience of a nation. Crippled Child. June, 1952. 30:1:8-9.

The writer, editor of the Public Affairs Department of the Ladies Home Journal, stresses the personal satisfaction which the volunteer in welfare work experiences through community service, points out some of the attitudes harmful to philanthropy, and states her belief in humanitarian citizenship and its relation to a strong nation. This article is excerpted from a speech made by Miss Hickey at the annual convention of the National Society for Crippled Children and Adults, October 5, 1951.

NEW BOOKS BRIEFLY NOTED

ADOLESCENCE

709. Josselyn, Irene M.

The adolescent and his world. New York, Family Service Association of America, c1952. 124 p. \$1.75

Dr. Josselyn wrote this booklet at the request of the Family Service Association of America, after the appearance of her article, "Psychological Problems of the Adolescent" in Social Casework in May and June of 1951, which was of wide interest. Most of the material is new although some of the original formulations and illustrations have been incorporated. "...This volume, as was her earlier one 'Psychosocial Development of Children,' is designed primarily for social workers and other professional persons who carry responsibility for helping to improve the interpersonal relationships of parents and children and who, through direct contact with adolescents, offer personal guidance and help in social planning. The technical focus of the material presupposes that the reader has a considerable knowledge of dynamic psychology. A bibliography is appended, as an aid to further study ...."

Available from the Family Service Association of America, 1952 Lexington Ave., New York 16, N.Y.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS

710. Dunsdon, M. I.

The educability of cerebral palsied children. London, National Foundation for Educational Research in England and Wales, c1952. 163 p.

Three year' research by the author has been directed to the aspects of cerebral palsy which affect the educability of children suffering this handicap. "...The resulting survey gives a picture of the whole field which has been unobtainable so far in any one published work and which both increases our knowledge of certain aspects and indicates many lines along which further research might usefully be undertaken...." Miss Dunsdon discusses the main types of cerebral palsy and their incidence, intellectual development, verbal ability and speech development, appreciation of spatial concepts, laterality, sensory defects, emotional stability, scholastic attainment in relation to disability, educational progress, and the selection of children for special education schemes. In the final chapter on planning educational care for the cerebral palsied child, recommendations are made for type of provision needed, and the writer goes into the question of the number of children to be accommodated by such plans. Parents are counseled on adopting proper attitudes toward the handicapped child if education is to be of any value in making him independent. The appendix outlines the etiology of cerebral palsy and gives some observations on birth histories.

Published by the National Foundation for Educational Research in England and Wales, 79 Wimpole St., London 1, England. Price, 1 pound, 1 shilling.

CLEFT PALATE

711. Holdsworth, W. G.

Cleft lip and palate. New York, Grune & Stratton, 1951. 126 p. illus. \$5.50.

"This little book is so bursting with solid common sense and good surgery that I think it will find a lasting place in many a surgeon's library, and, of course, particularly those who are interested in congenital deformities in children....Readers will undoubtedly be intrigued by the directness of his approach. Anatomy is followed by a chapter on function and then one on development....The drawings are all clear and self-explanatory and many

#### CLEFT PALATE (continued)

of the excellent case records are a tribute not only to the author himself, but to the whole school of British Plastic Surgery....everything that is known about cleft lip and palate surgery in a neat and readable form."--Foreword by Sir Harold Gillies.

#### OLD AGE--PROGRAMS--ILLINOIS

712. Chicago. Welfare Council of Metropolitan Chicago. Community Project for the aged.

Community services for older people, the Chicago plan. Chicago, Wilcox and Follett Co., c1952. 240 p. \$3.00.

"The study was conducted in a large metropolitan area where the widest variety of patterns of living in old age is present, and where the relation of the different parts of the community to the older group, and the nature of their concern with its problems can be adequately observed. It also examines the services at present offered to older people and the extent to which they meet the needs. It recommends specific new services and activities. It names the agencies and organizations which should undertake them...." The operation of community organizations, public welfare agencies for counseling and case work, and social welfare, employment services, hospital, nursing, and clinic services, homes for the aged, foster family programs, home services, housing programs, recreation and educational agencies, and church programs are examined to show how these services can be adjusted to meet the needs of older people in more effective and less expensive ways. In the appendix a study of 552 older persons known to the major family agencies in Chicago and the services provided for them is described.

#### PUBLIC RELATIONS

713. Bernays, Edward L.

Public relations. Norman, University of Oklahoma Press, 1952. 374 p. \$5.00.

"...Edward L. Bernays, U. S. publicist number one, ...presents a thorough analysis of public relations, its origin and development, its aims and responsibilities...then analyzes typical and special public relations situations as case histories in varied fields, from education to banking, from social service to government and the professions. Application by the reader to his own problems of public relationships is outlined....Certain chapters of this book are based on material which has been previously published in various magazines...." Of special interest is Chapter 16, "Achieving Goals Through the Education of the Public," in which the author discusses the National Society for Crippled Children and Adults, as based on his speech at its 1949 convention. A bibliography of selected readings in public relations for the professional and lay reader is included.

#### REHABILITATION

714. Belgium. National Organization for the War Disabled.

Report of the International Days of Study organized on the occasion of the XXXth anniversary of the O. N. I. G. Brussels, The Organization, 1950. 369 p. illus.

Held in Brussels May 11-14, 1950.

A report of a conference in which delegates from 15 nations participated to study problems related to the war disabled. Separate sections of the Conference proceedings were devoted to rehabilitation, vocational guidance, education and reeducation, prosthesis and care, trade and housing loans, and employment.

Available from O.N.I.G., 7 Place Flagey, Brussels, Belgium, at 135 Belgian francs per copy.



